



ITF

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>		
		Application Number	10/578,000-Conf. #5200	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 3, 2006	
		First Named Inventor	Shizuo Manabe	
		Examiner Name	C. C. Fan	
		Art Unit	2628	
TOTAL AMOUNT OF PAYMENT	(\$)	555.00	Attorney Docket No.	HIR-0037

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
		Fee (\$)		Fee (\$)		Fee (\$)		
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

**Total Claims** 8 - 20 or HP x        =        **Fee Paid (\$)**       

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** 2 - 3 or HP =        **Fee Paid (\$)**       

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

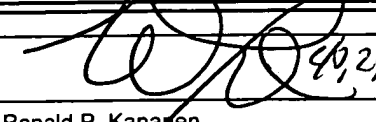
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

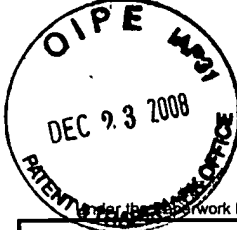
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>      </u> - 100 = <u>      </u> / 50 = <u>      </u> (round up to a whole number) x <u>      </u> = <u>      </u>				

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge), 2253 Extension for response within third month	555.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	24,104 40,290	Telephone	(202) 955-3750
Name (Print/Type)	Ronald P. Kananen Christopher M. Tobin			Date	December 23, 2008



Under the America Invents Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>  <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>			
		Application Number	10/578,000-Conf. #5200		
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		First Named Inventor	Shizuo Manabe		
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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
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**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

**Total Claims** 8 - 20 or HP 8 **Extra Claims** 0 **Fee (\$)** 0 **Fee Paid (\$)** \_\_\_\_\_  
HP = highest number of total claims paid for, if greater than 20.  
**Indep. Claims** 2 - 3 or HP 2 **Extra Claims** 0 **Fee (\$)** 0 **Fee Paid (\$)** \_\_\_\_\_  
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

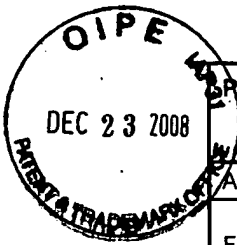
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**Total Sheets** \_\_\_\_\_ **Extra Sheets** \_\_\_\_\_ **Number of each additional 50 or fraction thereof** \_\_\_\_\_ **Fee (\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_  
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**4. OTHER FEE(S)**

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<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	24,104 40,290
Name (Print/Type)	Ronald P. Kananen Christopher M. Tobin	Telephone	(202) 955-3750
		Date	December 23, 2008



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H. R. 4818).)</i>		<b>Docket Number (Optional)</b> HIR-0037	
Application Number 10/578,000-Conf. #5200		Filed May 3, 2006	
For <b>OPTIMUM CHARACTER STRING PLACING PROGRAM</b>			
Art Unit 2628		Examiner C. C. Fan	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 555.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013.			
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 24,104 40,290			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
_____ Signature		December 23, 2008 Date	
Ronald P. Kananen Christopher M. Tobin Typed or printed name		(202) 955-3750 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 1 form is submitted.			

12/24/2008 JADD01 00000010 180013 10578000  
01 FC:2253 555.00 DA



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